

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

201408

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original _____	Revised <u>#3</u>	Canceled _____	RECourtesy _____
		* Must include copy of notification which is being revised <u>State of Indiana</u>			
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of East Chicago</u>					
JUL 12 2016					
Address: <u>4444 Railroad Ave</u>					
Dept of Environmental Management State of Indiana					
City: <u>East Chicago</u>		State: <u>IN</u>		Zip: <u>46312</u>	
Contact: <u>Damien Ventura</u>		Telephone #: <u>219-391-8294</u>			
Removal Contractor: <u>n/a</u>			Demolition Contractor: <u>Actin</u>		
Address: _____			Address: <u>PO Box 518</u>		
City: _____ State: _____ Zip: _____			City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u>		
Contact: _____ Phone: _____			Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>		
IN License #: _____ Expiration: _____			IN License #: _____ Expiration: _____		
Inspector: <u>Dragan Vjestica</u> Address: <u>1106 Camellia</u> City: <u>Munster</u> State: <u>IN</u> Zip: <u>46321</u> IN License #: <u>19A004656</u> Expiration: <u>3/21/17</u> Phone: <u>219-670-2912</u>			(Required for asbestos projects at schools K - 12) Project Designer: <u>n/a</u> Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____		
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: _____		Emergency Renovation: _____	
		Demolition: <u>X</u>		Ordered Demolition: _____	
IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: <u>X</u>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
<u>Licensed asbestos inspector performed pre-demolition survey.</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: _____ End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: <u>8-10-16</u> End: <u>8-19-16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>residential</u>					
Street Address: <u>See attached list</u>					
City: <u>East Chicago</u>		State: <u>IN</u>		County: <u>Lake</u>	
Location of removal within building: <u>n/a</u>					
Building Size (SqFt): <u>see attached list</u>		# of Floors: <u>2</u>		Age: <u>50+</u>	
Present Use: <u>vacant</u> Prior use: <u>residential</u>					

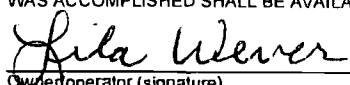
199843

3rd Q

page 1 of 2

Dan Dorman

Est 29300

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station. _____ _____ _____			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: Water will be used during demolition to prevent emissions. _____ _____ _____			
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: Stop work, isolated areas, determine is suspected material is RACM, and notify appropriate agencies. Contact licensed asbestos contractor to remove all ACM prior to continuation of demolition. _____			
XIII. WASTE TRANSPORTER Name: <u>Actin</u> Address: <u>PO Box 518</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>	XIV. WASTE DISPOSAL SITE Name: <u>Republic Services</u> Address: <u>102 W Columbus Dr</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Scalehouse</u> Phone: <u>219-398-6650</u>		
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: <u>n/a</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____			
XVI. FOR EMERGENCY RENOVATIONS: n/a Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ _____			
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> _____ Lila Wever, Demolition Coordinator Owner/operator (printed)</div><div style="width: 45%; text-align: right;"><u>7-12-16</u> _____ Demolition Contractor affiliation</div></div>			
***** OFFICE USE ONLY *****			
POSTMARK: _____	RECEIVED: _____	REVIEWED BY: _____	DEFICIENCIES: _____

~~3842 Carey~~~~1328 Square Feet~~

Cancelled 6-7-16

~~1616 Broadway~~~~1730 Square Feet~~

Cancelled 6-7-16

3805 Main (Rear only)

408 Square Feet

Keep

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Contact: <u>Damien Ventura</u>		Telephone #: <u>219-391-8294</u>			
Removal Contractor: <u>n/a</u>		Demolition Contractor: <u>Actin</u>			
Address: _____		Address: <u>PO Box 518</u>			
City: _____	State: _____	Zip: _____	City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u>		
Contact: _____	Phone: _____	Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>			
IN License #: _____	Expiration: _____				
Inspector: <u>Dragan Vjestica</u>		(Required for asbestos projects at schools K - 12)			
Address: <u>1106 Camellia</u>		Project Designer: <u>n/a</u>			
City: <u>Munster</u>	State: <u>IN</u> Zip: <u>46321</u>	Address: _____			
IN License #: <u>19A004656</u>	Expiration: <u>3/21/17</u>	City: _____ State: _____ Zip: _____			
Phone: <u>219-670-2912</u>		IN License #: _____ Expiration: _____			
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III. TYPE OF OPERATION (check one)		Renovation: _____ Emergency Renovation: _____			
Intentional Burning: _____		Demolition: <input checked="" type="checkbox"/> Ordered Demolition: _____			
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Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: _____ End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: <u>6/20/16</u> End: <u>7/8/16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>residentials</u>					
Street Address: <u>See attached list</u>					
City: <u>East Chicago</u>		State: <u>IN</u>	County: <u>Lake</u>		
Location of removal within building: <u>n/a</u>					
Building Size (SqFt): <u>see attached list</u>			# of Floors: <u>2</u>	Age: <u>50+</u>	
Present Use: <u>vacant</u>			Prior use: <u>residential</u>		

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED <u>Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station.</u> <hr/> <hr/> <hr/>
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XIII.	XIV.
WASTE TRANSPORTER Name: <u>Actin</u> Address: <u>PO Box 518</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>	WASTE DISPOSAL SITE Name: <u>Republic Services</u> Address: <u>102 W Columbus Dr</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Scalehouse</u> Phone: <u>219-398-6650</u>
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***** OFFICE USE ONLY *****	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

ACTIN CONTRACTING, LLC

1102 E Columbus Ave
PO Box 518
East Chicago, IN 46312
Phone: 219-397-5020
Fax: 219-397-5028

RECEIVED
State of Indiana

JUL 12 2016

Dept of Environmental Management
State of Indiana

FAX

To: IDEM	From: Lila Weaver
Fax: 317-233-3257	Pages: 6
Phone:	Date: 7-12-16
Re: 3805 Main, East Chicago Revision # 3	cc:

Thank you,
Lila Weaver
Project Coordinator